


020404

13281 U.S. PTO

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

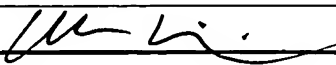
UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 63616.000002	
		First Inventor Catherine L. GIFFORD	
		Title HAIR STYLING APPARATUS AND METHOD FOR STYLING A PERSON'S HAIR	
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D (if applicable)		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
- Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Claim(s)		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
5. Oath or Declaration [Total Pages 2]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		17. <input type="checkbox"/> Other:	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____/_____ Prior application information: Examiner: _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		21967 or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	Zip Code
Country	Telephone	Fax	
Name (Print/Type) Andrew J. Ririe		Registration No. (Attorney/Agent) 45,597	
Signature 		Date	February 4, 2004

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22141 U.S. PTO
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020404

FEE TRANSMITTAL				Complete If Known																																													
				Application No.		unassigned																																											
				Filing Date		February 4, 2004																																											
				First Named Inventor		Catherine L. GIFFORD																																											
				Examiner Name		unassigned																																											
				Group Art Unit		unassigned																																											
Total Amount Of Payment		(\$)		385.00		Attorney Docket No.		63616.000002																																									
METHOD OF PAYMENT (check one)						FEE CALCULATION (continued)																																											
1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP.						3. ADDITIONAL FEES <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Fee Description</td> <td style="width: 20%; text-align: right;">Fee Paid</td> </tr> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> _____ Month Extension of Time</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Brief in Support of Appeal</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Design Issue Fee</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Plant Issue Fee</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Commissioner</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Revive (Unavoidable)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Revive (Unintentional)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petitions Related to Provisional Applications</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Submission After Final Rejection</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Recording Each Patent Assignment Per Property</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Request for Reexamination</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Other (specify) _____</td><td style="text-align: right;">\$</td></tr> </table>						Fee Description	Fee Paid	<input type="checkbox"/> Surcharge - late filing fee or oath	\$	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$	<input type="checkbox"/> _____ Month Extension of Time	\$	<input type="checkbox"/> Notice of Appeal	\$	<input type="checkbox"/> Filing Brief in Support of Appeal	\$	<input type="checkbox"/> Request for Oral Hearing	\$	<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)	\$	<input type="checkbox"/> Design Issue Fee	\$	<input type="checkbox"/> Plant Issue Fee	\$	<input type="checkbox"/> Petition to Commissioner	\$	<input type="checkbox"/> Petition to Revive (Unavoidable)	\$	<input type="checkbox"/> Petition to Revive (Unintentional)	\$	<input type="checkbox"/> Petitions Related to Provisional Applications	\$	<input type="checkbox"/> Submission of Information Disclosure Statement	\$	<input type="checkbox"/> Filing Submission After Final Rejection	\$	<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$	<input type="checkbox"/> Filing Request for Reexamination	\$	<input type="checkbox"/> Other (specify) _____	\$
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2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to Deposit Account No. 50-0206 in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.						<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FEE CALCULATION</td> </tr> <tr> <td>1. BASIC FILING FEE</td> <td> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity </td> </tr> <tr> <td></td> <td style="text-align: right;"><u>FEE PAID</u></td> </tr> <tr> <td>Utility Filing Fee</td> <td style="text-align: right;">\$ 385.00</td> </tr> <tr> <td>Design Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Plant Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Reissue Filing Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Provisional Filing Fee</td> <td style="text-align: right;">\$</td> </tr> </table>						FEE CALCULATION		1. BASIC FILING FEE	<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity		<u>FEE PAID</u>	Utility Filing Fee	\$ 385.00	Design Filing Fee	\$	Plant Filing Fee	\$	Reissue Filing Fee	\$	Provisional Filing Fee	\$																						
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2. EXTRA CLAIMS FEES																																																	
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					Large Entity	Small Entity			Amount																																								
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INDEPENDENT CLAIMS		3	3	0	x \$ 86.00	x \$ 43.00			\$ 0.00																																								
MULTIPLE DEPENDENT CLAIMS					\$ 290.00	\$ 145.00			\$ 0.00																																								
TOTAL EXTRA CLAIMS FEES									\$ 0.00																																								
SUBMITTED BY									Complete (if applicable)																																								
Typed or Printed Name		Andrew J. Ririe						Registration No.		45,597																																							
Signature								Date		February 4, 2004																																							